



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor
RICHARD M. ARMSTRONG - Director

DEBBY RANSOM, R.N., R.H.I.T. - Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

May 25, 2007

George Ciccone, Administrator
Country Comfort Residential Care I
3129 E Spring View Drive
Coeur D' Alene, ID 83814-5179

License #: RC-866

Dear Mr. Ciccone:

On February 13, 2007, a initial licensure survey was conducted at Country Comfort Residential Care I. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Donna Henscheid, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink that reads "Donna Henscheid". The signature is written in a cursive, flowing style.

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DH/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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February 23, 2007

George Ciccone, Administrator
Country Comfort Residential Care I
3129 E Spring View Drive
Coeur D' Alene, ID 83814-5179

Dear Mr. Ciccone:

On February 13, 2007, a Initial Licensure survey was conducted at Country Comfort Residential Care I. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 15, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to be "J. Simpson", written in a cursive style.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R866	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/13/2007
NAME OF PROVIDER OR SUPPLIER COUNTRY COMFORT RESIDENTIAL CARE I			STREET ADDRESS, CITY, STATE, ZIP CODE 830 N 23RD STREET COEUR D'ALENE, ID 83814		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the initial health survey conducted at your facility. The surveyors conducting the initial health survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Karen McDannel, RN Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

5L9911

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Country Comfort Residential</i>	Physical Address <i>830 N. 23rd Street</i>	Phone Number <i>667-1511</i>
Administrator <i>George Ciccone</i>	City <i>Coeur D'Alene</i>	ZIP Code <i>83814</i>
Survey Team Leader <i>Donna Herfshaid</i>	Survey Type <i>Initial Survey</i>	Survey Date <i>2/13/07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	050.01	The facility did not request a Variance for bulk medications.		RH 5/10/07
2	305.01	The facility RN did not assess Resident #1 for use of bed rail for mobility.		RH
3	305.02	The facility's RN did not secure Current medication Orders. Physician Orders were present in a Random Resident's medical record, and signed & dated by the physician.		RH 5/10/07
4	310.01	The facility did not blister pack or med set bulk medications.		RH 5/10/07
5	310.01.a	Xantus & Humulin insulin were being stored in the refrigerator without being locked.		RH
6	310.01.c	The facility did not keep a daily log to monitor medication temperatures.		RH 5/10/07
7	310.02	The facility accumulated Resident #2's medications for greater than 30 days.		RH

Response Required Date

3/13/07

Signature of Facility Representative

George Ciccone Adm.

Date Signed

2/13/07



ASSISTED LIVING

Non-Core Issues

Punch List

NON-CORE ISSUES

Response Required Date	Signature of Facility Representative	Date Signed
3/13/07	George Ciccone ADM.	2/13/07